

#4.

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted With Initial
Filing **OR** ☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number EX03-054C-US

First Named Inventor Rice, et al

COMPLETE IF KNOWN

Application Number 10/522,004

Filing Date 1/14/2005

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Receptor-Type Kinase Modulators and Methods of Use

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 07/14/2003 as United States Application Number or PCT International

Application Number US03/21923 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

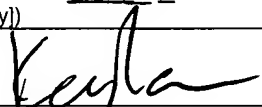

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number		<u>23500</u>		OR <input type="checkbox"/> Correspondence address below	
Name Exelixis, Inc.					
Address 170 Harbor Way					
City South San Francisco		State CA		ZIP 94083-0511	
Country US		Telephone 650-837-7000		Fax 650-837-8234	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		<u>Kenneth D.</u>		Family Name or Surname <u>Rice</u>	
Inventor's Signature 				Date <u>MARCH 29, 2005</u>	
Residence: City <u>Mill Valley</u>		State <input checked="" type="checkbox"/> CA		Country US	
Citizenship US					
Mailing Address 802 Autumn Lane					
City Mill Valley		State CA		Zip 94941	
Country US					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		<u>Neel K.</u>		Family Name or Surname <u>Anand</u>	
Inventor's Signature 				Date <u>March 29, 2005</u>	
Residence: City <u>Burlingame</u>		State <input checked="" type="checkbox"/> CA		Country US	
Citizenship UK					
Mailing Address 977 El Camino Real, Unit #303					
City Burlingame		State CA		Zip 94010	
Country US					
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 3 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**


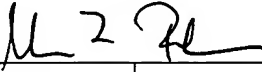
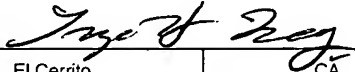
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Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Bussenius <u>Joerg</u> 03/29/05 <u>7.D.</u>		Joerg <u>Bussenius</u> 03/29/05 <u>7.D.</u>	
Inventor's Signature <u>Joerg</u>		Date <u>March 29, 2005</u>	
Residence: City	Foster City	State	CA
Country	US	Citizenship	DE
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City	Foster City	State	CA
ZIP	94404	Country	US
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Simona</u>		<u>Costanzo</u>	
Inventor's Signature <u>Simona Costanzo</u>		Date <u>March 29, 2005</u>	
Residence: City	<u>Los Altos</u>	State	CA
Country	US	Citizenship	IT
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Mailing Address			
City	Los Altos	State	CA
Zip	94022	Country	US
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<u>Abigail B.</u>		<u>Kennedy</u>	
Inventor's Signature <u>Abigail Kennedy</u>		Date <u>March 29, 2005</u>	
Residence: City	<u>San Leandro</u>	State	CA
Country	US	Citizenship	US
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City	San Leandro	State	CA
Zip	94579	Country	US

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DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 4 of 5

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Angie L.		Kim	
Inventor's Signature 		Date <u>March 29, 2005</u>	
Residence: City	<u>San Mateo</u>	State	<u>CA</u>
Country	<u>US</u>	Citizenship	<u>US</u>
Mailing Address <u>928 Shoal Drive</u>			
Mailing Address			
City	<u>San Mateo</u>	State	<u>CA</u>
ZIP	<u>94404</u>	Country	<u>US</u>
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Csaba J.		Peto	
Inventor's Signature 		Date <u>March 29, 2005</u>	
Residence: City	<u>Alameda</u>	State	<u>CA</u>
Country	<u>US</u>	Citizenship	<u>HU</u>
Mailing Address <u>965 Shorepoint Court, #305</u>			
Mailing Address			
City	<u>Alameda</u>	State	<u>CA</u>
Zip	<u>94501</u>	Country	<u>US</u>
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Tsze H.		Tsang	
Inventor's Signature 		Date <u>March 30, 2005</u>	
Residence: City	<u>El Cerrito</u>	State	<u>CA</u>
Country	<u>US</u>	Citizenship	<u>US</u>
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Mailing Address			
City	<u>El Cerrito</u>	State	<u>CA</u>
Zip	<u>94530</u>	Country	<u>US</u>

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page <u>5</u> of <u>5</u>	

Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Charles M. <i>Charles M. Blaze</i>		Blaze	
Inventor's Signature		Date <i>March 30, 2005</i>	
Residence: City <u>San Francisco</u>	State <u>CA</u>	Country <u>US</u>	Citizenship <u>US</u>
Mailing Address <u>201 Cornwall Street, #3</u>			
Mailing Address			
City <u>San Francisco</u>	State <u>CA</u>	ZIP <u>94118</u>	Country <u>US</u>
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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